

www.mass.gov/abcc

LICENSE NUMBER: 062800001	CITY OR TOWN	LONGMEADOW
APPLICATION FOR RENEWAL:	Annual LICEN	ISED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BERTUCCI'S RESTAURA	ANT CORP	
DOING BUSINESS A BERTUCCI'S BRICK OV	VEN RISTORANTE	
ADDRESS 674 BLISS RD.		
CITY/TOWN: LONGMEADOW STA	ATE: MA ZIP CODE:	01106
MANAGER: LINDSEY III, TYPE OF L ROBERT F.	ICENSE: Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE ANI	D ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
FULL RESTAURANT IN GROUND FLOOR BI SPACE. DINING ROOM, LOUNGE, KITCHEN OFFICES,LIQUOR AND WINE STORAGE,REI	AND PUBLIC AREAS. CELL.	
I hereby certify and swear under penalties of perju	ry that:	
1. the renewed license will be of the same	e type for the same premises nov	v licensed;
2. the licensee has complied with all laws		to taxes; and
3. the premises are now open for business	s (If not explain below)	
SIGNED BY Individual, Partner or Auth	orized Corporate Officer	
	orized Corporate Officer	
		R IDENTIFICATION NUMBER:
Individual, Partner or Auth	BER: EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
Individual, Partner or Auth	BER: EMPLOYE (Note: NOT In ession (1) the certificate requirement the head of the fire depart	red by Chapter 304 of the cment for the above
DATE: TELEPHONE NUM We the undersigned, attest that we are in poss Acts of 2004, signed by the building inspector in named license and (2) the certificate of liquor limits.	BER: EMPLOYE (Note: NOT In ession (1) the certificate require and the head of the fire depart liability insurance required by	red by Chapter 304 of the cment for the above
Individual, Partner or Authority DATE: TELEPHONE NUM We the undersigned, attest that we are in posson Acts of 2004, signed by the building inspector and amed license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED:	BER: EMPLOYE (Note: NOT In ession (1) the certificate require and the head of the fire depart liability insurance required by	red by Chapter 304 of the cment for the above Chapter 116 of the Acts
Individual, Partner or Authority DATE: TELEPHONE NUM We the undersigned, attest that we are in posson Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED: DISAPPROVED:	BER: EMPLOYE (Note: NOT In ession (1) the certificate requirence and the head of the fire depart liability insurance required by LOCAL LICEN	red by Chapter 304 of the cment for the above Chapter 116 of the Acts
Individual, Partner or Authority DATE: TELEPHONE NUM We the undersigned, attest that we are in posson Acts of 2004, signed by the building inspector and amed license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED:	BER: EMPLOYE (Note: NOT In ession (1) the certificate requirence and the head of the fire depart liability insurance required by LOCAL LICEN	red by Chapter 304 of the cment for the above Chapter 116 of the Acts
Individual, Partner or Authority DATE: TELEPHONE NUM We the undersigned, attest that we are in posson Acts of 2004, signed by the building inspector named license and (2) the certificate of liquor of 2010. Please Check Below: APPROVED: DISAPPROVED:	BER: EMPLOYE (Note: NOT In ession (1) the certificate requirence and the head of the fire depart liability insurance required by LOCAL LICEN	red by Chapter 304 of the cment for the above Chapter 116 of the Acts



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 062800003		CITY OR TOWN LONG	JMEADOW
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	RINALDI'S ITAL	IAN SPECIALTIES	INC.	
DOING BUSINESS A	A			
ADDRESS 408 LON	GMEADOW ST.			
CITY/TOWN: LON	GMEADOW	STATE: MA	ZIP CODE: 01100	б
MANAGER: RINA A.	LDI, JOSEPH TY	PE OF LICENSE:Re	estaurant CATEGO	PRY: All Alcohol
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMI	SES:		
			AND BOOTHS IN BOTH I R PORTION FOR STORAG	
I hereby certify and sv	wear under penaltie	s of perjury that:		
1. the renewe	ed license will be of	the same type for the	e same premises now licensed	d;
2. the license	e has complied with	h all laws of the Com	monwealth relating to taxes;	and
3. the premis	es are now open for	r business (If not expl	ain below)	
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		FICATION NUMBER:
			(Note: NOT Individual So	ocial Security Number)
Acts of 2004, signed	by the building in	spector and the hea	ne certificate required by C d of the fire department for urance required by Chapte	r the above
Please Check Below:			LOCAL LICENSING AT	UTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				
•				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 062800006	CITY OR TOWN LONGMEADOW
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: LONGMEADOW COUNTRY CLUB	3
DOING BUSINESS A	
ADDRESS 400 SHAKER RD.	
CITY/TOWN: LONGMEADOW STATE: MA	A ZIP CODE: 01106
MANAGER: MULLINS, BRIAN TYPE OF LICENSE: OP.	Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
TWO STORY CLUBHOUSE BLDG,8 ROOMS ON FIRST FLOOR. TWO LOCKER ROOMS IN BASEMENT, CELL	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for t	he same premises now licensed;
2. the licensee has complied with all laws of the Cor	mmonwealth relating to taxes; and
3. the premises are now open for business (If not ex	plain below)
SIGNED BY	0.00
Individual, Partner or Authorized Con	rporate Officer
DATE: TELEPHONE NUMBER.	
TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
	<u> </u>
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the honamed license and (2) the certificate of liquor liability in of 2010.	ead of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	Ву:
DISAPPROVED: (If disapproved explain)	
(11 disappioved expiaili)	
DATE:	



www.mass.gov/abcc

LICENSED FOR 2013 YEAR CODE: 01106 CATEGORY: All Alcohol D A KITCHEN AND A mises now licensed;
CODE: 01106 CATEGORY: All Alcohol O A KITCHEN AND A
CATEGORY: All Alcohol B A KITCHEN AND A
CATEGORY: All Alcohol D A KITCHEN AND A
CATEGORY: All Alcohol B A KITCHEN AND A
CATEGORY: All Alcohol D A KITCHEN AND A
D A KITCHEN AND A
D A KITCHEN AND A
D A KITCHEN AND A
nises now licensed;
nises now licensed;
relating to taxes; and
er
EMPLOYER IDENTIFICATION NUMBER:
e: NOT Individual Social Security Number)
te required by Chapter 304 of the
e department for the above
e department for the above uired by Chapter 116 of the Acts
uired by Chapter 116 of the Acts
uired by Chapter 116 of the Acts
uired by Chapter 116 of the Acts
uired by Chapter 116 of the Acts
uired by Chapter 116 of the Acts
uired by Chapter 116 of the Acts
uired by Chapter 116 of the Acts
ľ



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 062800012		CITY OR TOWN	LONGME	ADOW
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: GOLDEN DE	RAGON STAR LLC			
DOING BUSINESS A LONGMEA	ADOW PACKAGE STOR	Е		
ADDRESS 400 LONGMEADOW S	STREET			
CITY/TOWN: LONGMEADOW	STATE: MA	ZIP CODE:	01106	
MANAGER: MAO, SIEM	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRONE STORY BLDG, FIRST FLOCAL Inhereby certify and swear under per 1. the renewed license will 2. the licensee has complied 3. the premises are now open	OR AND CELLAR FOR Sometimes of perjury that: be of the same type for the d with all laws of the Communication.	same premises now		
SIGNED BY Individual, P	artner or Authorized Corpo	orate Officer		
DATE: TELEP	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 062800013		CITY OR TOWN LC	INGMEADOW
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
DOING BUSI	AME: THE BOTTLE SH NESS A 9 SHAKER RD	OP		
CITY/TOWN:	LONGMEADOW	STATE: MA	ZIP CODE: 01	106
MANAGER:	THOMAS, TYI ROBERT A	PE OF LICENSE: Pac	ckage Store CATE	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREMIS BUILDING IN FIRST FLO		FOR STORAGE	
2. the	renewed license will be of licensee has complied with premises are now open for Individual, Partner	all laws of the Com	monwealth relating to tax ain below)	
DATE:	TELEPHON	E NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING By:	AUTHORITY
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 062800014		CITY OR TOWN	LONGME	ADOW
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: ANDRE &	ANDRE, INC.			
DOING BUSINESS A FOUR SE	ASONS WINES/LIQUORS	1		
ADDRESS 793 WILLIAMS ST				
CITY/TOWN: LONGMEADOW	STATE: MA	ZIP CODE:	01106	
MANAGER: ANDRE, JOSE A.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
2. the licensee has compli	OR STORAGE	monwealth relating to		
SIGNED BY Individual,	Partner or Authorized Corp	orate Officer		
DATE: TELE	EPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:				



www.mass.gov/abcc

LICENSE NUI	MBER: 062800015		CITY OR TOWN	LONGMEADOW
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: SPARTINOU, INC	2		
DOING BUSI	NESS A GRAPEVINE PL	ZZERIA & RESTA	URANT	
ADDRESS 75	3 MAPLE RD.			
CITY/TOWN:	LONGMEADOW	STATE: MA	ZIP CODE:	01106
MANAGER:	KOLLIAS, TYI ELIZABETH	PE OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PREMIS			
COMMON EN	DING BUILDING CONSIS NTRANCE WAY. ENTRA HEN AND TWO BATHR	NCE FOR ONE DI	NING ROOM, SMAI	LL BAR WITH FIVE
I hereby certify	y and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for th	ne same premises now	licensed;
	licensee has complied with		_	o taxes; and
3. the	premises are now open for	business (If not exp	olain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	lividual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	spector and the he	ad of the fire depart	ment for the above
Please Check Belo			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disupproved	· enpium)			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 0	62800017		CITY OR TO	WN LONGME	EADOW
APPLICATION FOR R	ENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: L	I-GUANG BRO	ΓHERS, INC			
DOING BUSINESS A	LI'S BROTHERS	S INN			
ADDRESS 795 MAPLE	E RD				
CITY/TOWN: LONG!	MEADOW	STATE: MA	ZIP COD	E: 01106	
MANAGER: YUEN,	SAM W. TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR W	VEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LIC					
FULL RESTAURANT : AND GENERAL OFFI		OOR BUILDING	WITH TWO DIN	NING ROOMS, K	ITCHEN
I hamahar aamita aad	on un don14' :	o of maniput that			
I hereby certify and swe	•	s of perjury that: Tthe same type for t	ha cama nramica	s now licensed:	
		h all laws of the Co	-		
	•	r business (If not ex		ung to taxes, and	
		(=======			
SIGNED BY					
I	ndividual, Partne	r or Authorized Co	rporate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA	
			(Note: No	<u>OT</u> Individual Social	Security Number)
We the undersigned, a	ittest that we are	e in possession (1)	the certificate re	equired by Chap	ter 304 of the
Acts of 2004, signed by named license and (2)		_		_	
of 2010.	the certificate of	i iiquoi iiabiiity iii	isurance require	u by Chapter 11	o of the Acts
Please Check Below:			LOCAL LIG	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:			·		
(If disapproved explain)	ı		-		
DATE.			-		
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 062800	019	CITY OR TOWN	LONGMEADOW
APPLICATION FOR RENEV	VAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LHC RI DOING BUSINESS A IRON			
ADDRESS 923 SHAKER RO	AD		
CITY/TOWN: LONGMEAD	OOW STATE: MA	ZIP CODE:	01106
MANAGER: CHEN, MICH	AEL TYPE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	O VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
RESTAURANT SPACE ON	ANT COMPRISING OF APPR THE FIRST FLOOR (APPROX KITCHEN) AND 1000 SQ. FT.	. 500 SQ. FT. FOR T	ΓHE DINING ROOM,
2. the licensee has con	e will be of the same type for the mplied with all laws of the Comow open for business (If not explanation)	monwealth relating to	
SIGNED BY Individ	ual, Partner or Authorized Corp	orate Officer	
DATE: T	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signed by the l	that we are in possession (1) the puilding inspector and the hea ertificate of liquor liability insu	d of the fire departi	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: Annu	
Alliu	al LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: TWIN HILLS REALTY INC.	
DOING BUSINESS A TWIN HILLS COUNTRY CLU	JB OF LONGMEADOW
ADDRESS 700 WOLF SWAMP ROAD	
CITY/TOWN: LONGMEADOW STATE:	MA ZIP CODE: 01106
MANAGER: HEBERT, TYPE OF LICEN RICHARD A.	SE: Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
130 ACRES OF LAND WITH CLUBHOUSE BUILDI KNOWN OF TWIN HILLS COUNTRY CLUB OF LO LONGMEADOW MA. 01106	
I hereby certify and swear under penalties of perjury that	t:
1. the renewed license will be of the same type	for the same premises now licensed;
2. the licensee has complied with all laws of the	_
3. the premises are now open for business (If no	ot explain below)
SIGNED BY Individual Partner or Authorized	Corporate Officer
SIGNED BY Individual, Partner or Authorized	l Corporate Officer
	l Corporate Officer
Individual, Partner or Authorized	Corporate Officer EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Authorized	
Individual, Partner or Authorized	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the head of the fire department for the above
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability.	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the head of the fire department for the above
Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above ty insurance required by Chapter 116 of the Acts
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	2K: 062800021		CITYO	RIOWN	LUNGWE	ADOW
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	E: TIMOTHY P. A	AUSTIN				
DOING BUSINES	SS A 19TH HOLE I	DELI				
ADDRESS 617 DV	WIGHT RD L					
CITY/TOWN: LC	ONGMEADOW	STATE: MA	ZIP	CODE:	01106	
	JSTIN, T MOTHY P.	TYPE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRES	3S		
	F LICENSED PREM					
		8 HOLE GOLF COUR	SE			
	d swear under penalt					
		of the same type for th	•			
	•	with all laws of the Com		•	o taxes; and	
3. the pren	nises are now open.	for business (If not exp	orain below,)		
SICNED DV						
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Offic	er		
DATE:	TEI EPHO	ONE NUMBER:		EMPLOYER	R IDENTIFICAT	TON NUMBER:
	TEEET III	ore rember.	(No	te: NOT Inc	lividual Social S	ecurity Number)
Acts of 2004, sign	ned by the building	are in possession (1) the inspector and the heart of liquor liability ins	ad of the fi	re departi	ment for the	above
Please Check Below:			LOCA	L LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	olain)					
DATE:						
DATE.						



www.mass.gov/abcc

LICENSE NUI	MBER: 062800022		CITY OR TOWN	LONGMEA	DOW
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	LICENSED FOR 2013	
		CLASS		,	YEAR
	AME: MAX BURGER LO	NGMEADOW, LI	.C		
ADDRESS 684	4 BLISS ROAD				
CITY/TOWN:	LONGMEADOW	STATE: MA	ZIP CODE:	01106	
MANAGER:	SMITH, SCOTT A. TYPE	E OF LICENSE: Re	estaurant Ca	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMISE	ES:			
CONTAIN 4,3 AREA, AS SH	ED PREMISE IS LOCATED 26 SQ. FT. OF LEASEABL OWN ON EXHIBIT A ANI LICENSE APPLICATION	E SPACE, TOGE	THER WITH AN OU	JTSIDE PAT	
I hereby certify	and swear under penalties of	of perjury that:			
1. the	renewed license will be of th	ie same type for the	e same premises now	licensed;	
	licensee has complied with a		•	o taxes; and	
3. the	premises are now open for b	usiness (If not exp	ain below)		
SIGNED BY	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	R IDENTIFICATI	ON NUMBER:
			(Note: NOT Ind	lividual Social Se	ecurity Number)
Acts of 2004,	rsigned, attest that we are is signed by the building inspect and (2) the certificate of b	ector and the hea	d of the fire departi	ment for the	above
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
DATE:					



www.mass.gov/abcc

LICENSE NUI	MBER: 062800023		CHYC	JK TOWN	LUNGME	ADOW
APPLICATIO	N FOR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NA	AME: MGB INC.					
DOING BUSIN	NESS A ELEGANT	AFFAIRS				
ADDRESS 619	DWIGHT ROAD					
CITY/TOWN:	LONGMEADOW	STATE: MA	ZIF	CODE:	01106	
MANAGER:	BOXOLD, MARGARET	TYPE OF LICENSE: R	lestaurant	C	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDR	ESS		_
DESCRIPTION	N OF LICENSED PR	REMISES:				
ENTRANCE/E AREA TOTA I hereby certify 1. the 2. the	L AREA ABT 900 S and swear under per renewed license will licensee has complied	P; AND ENTRANCE NEROOM AREAALSO SNEW ALSO TO INCLUDE TO THE AREA OF THE ARE	MALL CO' JDE GOLI ne same prommonweal	VERED FIF COURSI remises now the relating	ENCED IN PA E HOLES 1, 2 v licensed;	ATIO
SIGNED BY	Individual, P	artner or Authorized Cor	porate Off	icer		
DATE:	TELEF	PHONE NUMBER:	(N			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004,	signed by the buildi	ve are in possession (1) to ng inspector and the he ate of liquor liability in	ad of the f	fire depar	tment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						



www.mass.gov/abcc

LICENSE NUI	MBER: 062800024		CITY OR TOWN	LONGMEADOW
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
	AME: FUJI MOUNTAI NESS A UME ASAIN B		LC	
ADDRESS 73	2 BLISS ROAD			
CITY/TOWN:	LONGMEADOW	STATE: MA	ZIP CODE:	01106
MANAGER:	HUANG, HANG TYZHANG	YPE OF LICENSE: Re	estaurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	IISES:		
DOOR IS THE TO THE PUBI ON THE LEFT NEXT TO TH FACING THE FOR CUSTON THE DOOR T	EADOW SHOPPING PIEMAIN ENTRANCE AND LIC PARKING LOT. EN IT, TO THE RIGHT IS THE BAR IS THE SUSHIFUL BAR AND THE BACK/STORACO THE BACK/STORACO THE COURT IN THE OUR BAR THE OUR BACK/STORACO THE COURT IN THE OUR BACK/STORACO THE COURT IN THE OUR BACK/STORACO THE O	ND EXIT FOR THE C VTERING THE REST HE BAR AREA WITI BAR AND SERVICE HE SUSHI BAR ARE WAY TO THE BATH GE OF THE KITCHEN	CUSTOMER AND IS AURANT, THE RE H SERFICE COUNT TABLE ALONG W THE TABLES, CHA IROOM. NEXT TO N. THROUGH THE	S DIRECTLY OPEN CEPTION DESK IS FER AND STOOLS, ITH CHAIRS. AIRS AND BOOTHS THE SUSHI BAR IS
I hereby certify	and swear under penalti	es of perjury that:		
	renewed license will be o		e same premises now	v licensed;
	licensee has complied wi		=	
3. the	premises are now open for	or business (If not exp	lain below)	
SIGNED BY	Individual, Partn	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the building i	inspector and the hea	d of the fire depart	red by Chapter 304 of the ement for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	d explain)		-	

DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MON	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)